

2021 BONENT RECERTIFICATION APPLICATION for NNCO CERTIFICANTS

This Application:

- Explains the NNCO recertification process;
- Provides a form to list your contact hours and employment information;

Visit www.BONENT.org to review all details of the NNCO recertification process and get answers to frequently asked questions.

Don't wait until the Last Minute!

It will take 4-6 weeks to process your recertification application after it is received by BONENT.



BONENT

Board of Nephrology Examiners Nursing & Technology

Effective: 01/01/2021

LIST YOUR CONTACT HOURS AND EMPLOYMENT INFORMATION IN THE SPACES BELOW

A Continuing Education Programs

These may include workshops, seminars, professional development offerings, home-study courses, and local regional, state, or national conferences approved or provided by an accredited organization or state nurses association. Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.

Mo/Yr of Program	Program Title	Program Code*	Program Provider	Number of Contact Hours
TOTAL CONTACT HOURS – CONTINUING EDUCATION				

*Program Code: W = Workshop/Seminar, C = Conferences, H = Homestudy/Correspondence, I = Internet, O = Other
 List additional programs on a separate sheet, if needed. Enclose with, but do not staple to the application.

B Employment

List employment in date order, beginning with the most recent. Print or type all information. Each year of employment in the nephrology business network will be considered as 3.75 contact hours. A maximum of 15 contact hours will be eligible.

Position/ Title	Name of Institution	Address	Phone Number	Supervisor's Name	Number of Contact Hours
TOTAL CONTACT HOURS – EMPLOYMENT					

STEP 1 Recertification Options

To apply for recertification through continuing education, 30 contact hours (CH) related to the practice of nephrology technology must be submitted for consideration. A maximum of 15 CH may be from employment in the nephrology business network. All applicable CH must have been completed during the four years prior to the candidate's certification renewal date and may be accumulated in any combination of the following:

A. Continuing Education Programs

- You can obtain hours from workshops, seminars, professional development offerings, home-study courses, and local, regional, state or national conferences approved or provided by an accredited organization or state nurses association.
- The CH provider/sponsor must be identified sufficiently to allow a reviewer to recognize the organization. Use state abbreviations, names of nursing organizations, names of hospitals, colleges, etc.

B. Employment:

- Each year of employment in the nephrology business network will be considered as 3.75 contact hours. a maximum of 15 contact hours will be eligible.

C. Online Practice Test:

- For two (2) contact hour credits, attach a copy of the Online Practice Test Completion Report.
- Completion of the BONENT CHT Online Practice Exam will be accepted.

D. Writing Test Questions:

- Write and submit with your Recertification Application test questions appropriate for BONENT Certification Examinations.
- All questions must be multiple choice, with 4 options, only one of which is correct. Correct response must be identified.
- Submission of 5 test questions will be considered as 2 contact hours. A maximum of 4 contact hours will be allowed for the submission of test questions.
- Type the questions on a separate sheet of paper but do not staple to the application.

STEP 2 Pay the Recertification Fee (\$160.00)

STEP 3 Complete & Mail all pages of the Application

Complete and mail all pages of the Recertification Application with payment for the recertification fee (\$160). Faxed or photocopied recertification applications will NOT be accepted. Your paperwork will be reviewed to determine if it meets NNCO recertification criteria. When the process is completed, you will be assigned a new BONENT ID number and listed as BONENT-certified. Your next recertification must meet BONENT recertification requirements.

Do I have to submit copies of my Continuing Education certificates?
You do not have to submit certificates, unless you are audited.



Board of Nephrology Examiners Nursing & Technology

100 South Washington St., Rockville, MD 20850

Phone (202) 462-1252

NNCO Certificant Recertification Application

All applicable pages of the application must be completed to fulfill requirements for recertification. The application and payment of the recertification fee (\$160) must be received by BONENT no later than your certification expiration date. Applications that are not completed correctly will be returned to the certificant via US Postal Service.

Note: You must PRINT your name exactly as it appears on your current NNCO certificate.

You must print in black or blue ink.

Name _____ Date of Birth _____
Last First Mo. Day Yr.

NNCO Certificate Number _____ Specialty (CBNT, CCNT, CDWS) _____ Certification Expiration Date (m/d/yy) _____

Address _____

City State Zip Check if new address

Email _____ SS# [Last 4 digits] _____

Phone (H) _____ (W) _____ Cell _____

Complete the Summary of your contact hours below:

Total Contact Hours for Employment _____ Total Contact Hours for Continuing Education _____

Total Contact Hours for Practice Test _____ Grand Total _____

Total Contact Hours for Exam Questions _____

Audit

All applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose applications are selected for audit will be notified on receipt of the application and will be requested to document all entries.

I certify that all information contained in my Application for Recertification by the Certification Board of Nephrology Examiners and Nursing & Technology (BONENT) is true and accurate to the best of my knowledge. I authorize BONENT, its officers, directors, committee members, employees, and agents ("BONENT's designated parties") to review my application and other materials related to my recertification and to determine whether I have met BONENT's standards for recertification.

By signing the Authorization, I acknowledge that I have read and understand BONENT's rules and standards. I understand and agree to the revocation or any other limitation of my certification if any statements made on this application, other material related to recertification, or hereafter supplied to BONENT are false or inaccurate or if I violate any of the rules or standards of BONENT.

I agree to cooperate promptly and fully in any review of my certification by BONENT, including submitting such documents and information in this application and other materials related to recertification. I authorize BONENT and BONENT's designated parties to communicate my certification status to any individual, employer, or organization that requests this information. I further authorize and consent for the purpose of statistical analysis, provided I am not personally identified in information released.

I agree to indemnify and hold harmless BONENT and BONENT's designated parties for any action taken pursuant to the rules and standards of BONENT with regard to my certification and this Application for Recertification.

I understand and agree that if I am granted BONENT's recertification, it will be my responsibility to remain in compliance with all of BONENT's recertification standards including the BONENT code of Professional Practice. I understand it is my responsibility to maintain valid certification status by either performing satisfactorily in each of the major content areas of the examination during the fourth year of certification or demonstrating my successful accrual of at least 40 contact hours of continuing education credits.

By signing, I acknowledge that I have read and understand this information and agree to abide by these terms. I declare under penalty of perjury under laws of my state that the foregoing is true and correct.

Signature _____ Date _____

Please mail to: BONENT, 100 South Washington St., Rockville, MD 20850

MAIL all four pages of the original, signed and dated application with the recertification fee. Do Not Send Photocopies Or Faxes.

01/01/21